DOCUMENT RESUME

ED 121 434 PS 008 485

TITLE	Child and Family Resource Program (Jackson, Michigan). Program Description.
INSTITUTION	Development Associates, Inc., Washington, D.C.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.
REPORT NO	DHEW-OS-74-274
PUB DATE	30 Jun 75
NOTE	77p.; For related documents, see PS 008 481-493; Not available in hard copy due to marginal legibility of original docuemnt
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Community Coordination; Community Involvement; *Day Care Services; Family Involvement; *Family Programs; Health Services; Interagency Coordination; Objectives; Program Costs; *Program Descriptions; *Program Development; *Social Services; Staff Utilization; Training
IDENTIFIERS	*Child and Family Resource Program; Michigan (Jackson); Project Head Start

ABSTRACT

This report presents a description of the Jackson, Michigan site of the Child and Family Resource Program (CFRP), Head Start-affiliated program designed to promote community and family involvement in fostering optimum development of preschool children. The Jackson site is one of 11 demonstration sites of the national CFRP. The local program was coordinated by the Jackson-Hillsdale Area Commission for Economic Opportunity. The program description covers nine major areas: (1) program objectives, (2) program components, including local components such as services for school age children, as well as program wide components such as health, developmental, and family support services; (3) staff described in terms of qualifications, responsibilities, organization, and utilizaton; (4) training; (5) individualization; (6) coordination with public schools and community agencies; (7) materials; (8) costs, reported in tables and graphs; and (9) notes on key program implementation factors. (JMB)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED121434

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM

JACKSON (MICHIGAN)

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BEST COPY AVAILABLE

PS 008485

Submitted By:

DEVELOPMENT ASSOCIATES, INC.
1521 New Hampshire Ave., N.W.
Washington, D. C. 20036

June 30, 1975

TABLE OF CONTENTS

		Page
	INTRODUCTION	1
I.	OBJECTIVES	2
	A. Program Planning and Startup	2
	B. Program Implementation	4
II.	PROGRAM COMPONENTS	7
	A. Program Planning and Startup	7
	B. Program Implementation	12
III.	STAFF	15
	A. Program Planning and Startup	15
	B. Program Implementation	20
IV.	TRAINING	28
	A. Program Planning and Startup	28
	B. Program Implementation	30
V.	INDIVIDUALIZATION	32
	A. Program Planning and Startup	32
	B. Program Implementation	33
VI.	COORDINATION	38
	A. Program Planning and Startup	38
	B. Program Implementation	41
VII.	MATERIALS	50
	A. Program Planning and Startup	50
	B. Program Implementation	51
VIII.	PROGRAM COSTS	52
IX.	NOTES ON KEY PROGRAM IMPLEMENTATION FACTORS	74

JACKSON (MICHIGAN) CFRP
PROGRAM DESCRIPTION

INTRODUCTION

The Jackson-Hillsdale Area Commission for Economic Opportunity (JCEO) first learned of the CFR Demonstration program on February 16, 1973 in a letter from the Regional Office. The possibility of receiving a CFR Demonstration grant was greeted with mixed emotions. The qualifying instructions and application procedures made it plain that the resulting grant award would be based on a semi-competitive series of events. Their years of professional experience with programs of this nature indicated that merely being selected to participate in the initial application process was no automatic guarantee of a demonstration grant award. On the other hand, they were excited about the CFR concept since their Head Start program efforts and operating philosophy were very similar to CFRP.

The Jackson-Hillsdale Head Start program had been evolving over a period of years to the point where the services it provided to families as well as children were very similar to the programming approach envisioned by CFRP. In fact, they saw in the CFRP Guidelines a program very similar to their Head Start effort. CFRP offered a continuity of services to the entire family, with children ages 0-8 years as the primary focus and Jackson-Hillsdale saw this as a strong endorsement for the direction they had consciously and purposely chosen for their Head Start program prior to CFRP. Given this, they approached CFRP planning and proposal preparation from the perspective of program <u>exploration</u> rather than program <u>development</u>.

Little internal staff or staff/board of directors discussion was necessary to determine that this grant was worth a concerted effort and so the proposal was planned and written during the early months of 1973 and formally submitted to OCD on April 25, 1973. Official notification of grant award was received on July 2, 1973.

I. OBJECTIVES

A. Program Planning and Startup.

The major objective was to devise a plan/proposal that would explain how their system worked, and simultaneously, be sufficiently responsive to the Guidelines in order to be awarded the grant.

Jackson-Hillsdale staff members agreed that the only way they could accept CFEP funding was that it would not impede, inhibit, or restrict their Head Start approach and its subsequent development. They were very critical in their initial planning for although they held the guidelines and other communications with OCD indicated that CFEP was competitive, they needed to assure that should they be funded, the funding agreements would not restrict their "system" approach. They wanted no program standards/criteria that would OCD to understand what their program direction and implementation procedures would be. Further, throughout the planning process, attention was given to developing a program model that could be applicable to other communities whether or not these communities had similar resources experiences in a broad range of child development programs.

The Jackson-Hillsdale model is essentially activity directed in that its focus is on services to:

- strengthen family ability in child rearing to educate their young children,
- maximize the strengths and skills of each family member, and
- strengthen the family as a unit towards self determination and independent community participation.

With this concept of what they wanted their CFEP to accomplish, the planning began proceeded to develop nine program objectives which could then be general to the agencies. They were:

1. CFEP would be the central contact and communication location:
   - to house staff;
   - to provide a single location and telephone contact for services and activities;
   - to house central resource materials, lending libraries, and community resource listings; and

- [illegible]

5. [illegible]

   - [illegible]
   - [illegible]
   - [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

- [illegible]
- [illegible]

4. Additional Services - Local Decision

a. Full Day Child Care:

- local objective - provide developmental care to children of low income working parents;
- provided by Head Start program; and
- additional resources provided by local non-profit independent day care program.

b. After School recreation/learning center for children in early elementary school grades:

- local objectives - provides recreation, enrichment, and tutorial programs to children;
- program coordinated by CFRP staff using Neighborhood Youth Corps and volunteers; and
- community resources, facilities and programs provided by public schools, community centers, public housing, and "Y"-centers.

c. Family recreation programs and social events:

- local objectives - provide free or inexpensive recreation program to low-income families;
- program and/or program information made available by CFRP staff; Head Start parent activities; CFRP staff create programs to meet special needs; and
- community facilities and resources provided by public schools, community centers, public housing, "Y"-centers, community college, continuing education programs, bowling alley, museum.

d. Programs for school age children:

- local objectives - promote recreational and responsible activity for school age children;
- CFRP staff coordinate resource activities and create new ones where appropriate; and
- local community program resources include Boy and Girl Scouts, 4-H, "Y"-centers.

e. Workshops for adults and older children:

- local objective - provide relaxed atmosphere for interesting human interaction;
- Head Start Creative Environment Workshop and other resources coordinated by CFRP staff; and
- community resources and support to workshops include public schools, volunteers, and Advisory for Open Education.

f. Tutoring for children and adults:

- local objective - promote development for basic skills;
- CFRP staff publicizes and coordinates available resources and Head Start Centers provide tutoring services for children; and
- community resources include Public School Adult Basic Education Program and local volunteer literacy council.

g. Lending Library:

- local objective - promote availability and use of certain materials in CFRP families and their homes;
- CFRP responsible for inventory of materials and coordination of resources center;
- responsibility of CFRP staff; and
- local business and volunteer groups contribute to resource center.

h. Cooperatives for purchase of food, toys, clothing and other household family needs:

- local objectives - promote group buying power;
- provide lower prices and promote understanding of "economic "enterprise"; and
- local Co-op sponsored by CAA and CFRP staff responsible for informing families on use and benefits.

i. Cooperatives for sale of products such as skilled crafts, home baking, and other items produced/made by participating families:

- local objectives - develop economic understanding and improve economic conditions in participant families; and

- creative environment workshops sell items throughout community. CFRP staff attempts to promote sale of items in other community outlets.

One indication of the detail, time, and effort devoted to the planning and development of the Jackson/Hillsdale program and the individual components is reflected by the fact that little change or modification occured during the Startup Phase. Indeed it was in the Startup Phase that the previous experience the staff had with the concept of a social service delivery system (with the child as the focus of the services) became apparent as Startup activities were accomplished.

A primary reason for this smooth transition from planning to Startup was due to the fact that the planners knew that everything they wanted to provide could not be prepared and delivered simultaneously. Their incremental approach to developing the services of their program components also provided a gradual and planned recruitment of families (to be discussed further in this case study) so their Startup effort extended into the actual program Implementation Phase and was always manageable and under control. The planning staff anticipated that this incremental approach would allow sufficient staff time to deal effectively and efficiently with normal Startup problems before such problems became serious areas of concern. The Startup experiences proved this approach to be correct.

B. Program Implementation

As was mentioned previously, there is no specific component structure in the Jackson CFRP. Although all of the component areas are covered, they are covered under an operationally integrated Head Start - CFRP structure and included under the combined program areas of Creative Environment Workshop, Health, and Nutrition, Head Start, Early Childhood, Family Life, and Education/School Linkage, and Life Support/Social Services. The Family Development Planner (FDP) (whose program responsibilities will be completely explained in Section III and V), through a task order procedure, submit requests for services to be provided to the coordinators of these areas. In this fashion, the FDP's are supposed to control and coordinate all of the services that the individuals and families receive from the various resource agencies in regard to timing, sequencing, and actual service delivery.

The specific agencies providing services to CFRP families will be detailed further in this report. The types of services provided are as follows:

1. General Health, Medical, and Dental

   The Health and Nutrition Coordinator has established contacts with several hospitals, clinics, and medical personnel that provide the comprehensive health screenings, dental assessments, pre-natal care and other medical treatment for all CFRP babies, children, and families.

2. Mental Health

   The Health and Nutrition Coordinator has established contact with several clinics that deal with the emotional problems of children and adults and also provide family counseling.

3. Nutrition

   The Health and Nutrition Coordinator has established contacts with several agencies dealing with nutritional problems and has put on workshops in health and nutrition.

4. Handicapped

   The Health and Nutrition Coordinator also has established contacts with several clinics specializing in the treatment of crippled children and other handicap conditions such as speech and hearing.

5. Education

   Services provided here include the Head Start program. The Early Childhood Coordinator and the Family Life Education/School Linkage Coordinator have established contacts with the school system and other educational programs for children and adults. The CFRP also operates an Infant/Toddler program and participates in the Head Start Home Start Program. Also, the CFRP operates a school linkage program for CFRP children in Head Start who are entering elementary schools. The functions of these two coordinators cover the educational and vocational needs of all CFRP children and families regardless of age.

6. Social Services

   The Life Support/Social Services Coordinator has established contacts with a number of agencies providing various types of social services. This includes any emergency assistance needed such as shelter, food, fuel, household goods, clothing and other immediate needs on a temporary basis.

7. Parent Involvement

Services provided are handled by the Director of Community Services and several of the Coordinators. The Director of Community Services encourages parents to participate in the Policy Council in determining the extent of their involvement in the program. Parents also serve as volunteers in the Head Start classrooms. They can also become involved in the Creative Environment Workshop where sewing, ceramics, woodworking, and other shop functions are available. They can, if they prefer, take advantage of the educational and vocational programs offered in the Jackson/Hilledale area. These are coordinated by the Family Life Education/School Linkage Coordinator. The health and nutrition workshops are coordinated by the Health and Nutrition Coordinator.

In summary, from the contacts established with the resource agencies in the community and the services provided, it is apparent that the CFRP in Jackson is serving as a single resource center for all of the component areas and is in compliance with the CFRP Guidelines.

III. STAFF

A. Program Planning and Startup.

During the Planning Phase the task of developing internal job descriptions was not addressed. Planning efforts were directed at identifying staff functions and determining staff needed to implement the program. Since the planner's service delivery concept embodied the cross program use of staff (from Head Start and other areas of the CAA) the final determinations were not made until the Startup Phase. However, the CFRP grant proposal procedure demanded a budget, a staffing pattern, and certain planning decisions. The solution was to identify staff functions and assign a staffing level to these functions during the Planning Phase and reserve the specifics of developing job descriptions, qualifications, and final determinations of staff size and responsibility for Startup. This gave them the added flexibility which became apparent during Startup of being able to respond realistically to staffing needs resulting from Startup information and experience without having reasonable or realistic of staffing decisions made during planning when critical and relevant information was neither available nor developed.

It is important to emphasize that there was no rush to staff the program after the grant award. They very carefully and consciously proceeded to work on defining the delivery system before making final determinations of the actual responsibilities of most of the key staff.

During Startup the Project Director was assigned immediately and conducted much of this work, but the majority of the staff was not hired until there was an understanding of the numbers and types of staff members needed. This deliberate approach proved to be one of the major strengths of their program.

To indicate the difference between the job functions of the Planning Phase and job descriptions of the Startup effort two examples of key staff job categories are presented. Each job category is composed of two sections: (1) job functions - developed during Planning; and (2) job descriptions developed during Startup. These examples illustrate the intentions of the planners and indicate the thoroughness of the Startup activities pertaining to staffing the CFRP.

EXAMPLE ONE: CFRP Director (Director of Education Programs)

1. Planning.

- will also serve as Head Start Director;
- responsible for overall administration and accountability for CFRP in accordance with CFRP Guidelines;

- supervisors and coordinative staff training and assessment of training needs; service that training is geared to develop staff skills necessary to meet job objectives; and

- supervisors and coordinative staff work with parents to establish self-help groups; involve parents in all phases of program activities; work with Policy Council; assist families to maximize use of all available and relevant resources.

A. Teacher

Basic Functions

To administer the Head Start Program and CSBG assuring responsibility for its overall functions and effectiveness. To work in the areas of program development and program enhancement, with particular attention to bringing new educational programs into the Agency. To work closely with other Agency staff, developing the interrelationships of programs that will bring maximum benefits to the target community.

Salary

Level VII - $11,197 - $13,992 Annual.

Qualifications

- Experience: At least two (2) years experience in a preschool program. At least one (1) year administrative experience.

- Training: A minimum of a Bachelor's Degree in Education, preferably in Early Childhood Education.

- Medical: Show proof of a physical exam by a doctor within the last 12 months to verify physical and mental fitness for job. A negative tuberculin skin test or chest X-ray within the past year to also a requirement; and

- Eligibility: Any person with the necessary qualifications.

Supervised

Executive Director, Community Action Agency.

[redacted]

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

- [illegible]

[illegible]

- [illegible]
- [illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible]

- [illegible]

[illegible]

- [illegible]

[illegible]

[illegible]

[illegible]

1. [illegible]

- [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

solution for the Family Development Planner. This presents a rather confusing and complicated system of operating and could cause serious delays in getting anything done.

In fact, however, the organization chart and structure is not followed. In the above example, the Family Development Planner could go directly to the Health and Nutrition Coordinator to work out the problem. This type of movement across lines and levels is justified in terms of the effort to get people to work cooperatively without the boss/worker relationship. This has the tendency to make the organization chart functionally meaningless. In actuality, however, it does have meaning as far as establishing positions of authority, such as the Coordinators and the various subordinate levels, indicating who supervises whom in the organization and where everyone fits. It depicts responsibility and is also set up according to salary level. In other words, the higher up on the organization chart, the more responsibility you are supposed to have and the more money you are supposed to make.

Due to the integrated structure of all programs under the Department of Community Service, the CFRP internal organization shown in Exhibit B is also not a functional representation as to how the CFRP works. For instance, the Early Childhood Coordinator and the Family Life Education/School Linkage Coordinator appear as independent functions reporting to the CFRP Program Coordinator. The Family Development Planners and the Life Support/Social Services Coordinator report to the CFRP Systems Coordinator who in turn reports to the CFRP Program Coordinator. There appears to be no organizational linkage between these functions. The CFRP Systems Coordinator, thus, is not responsible for coordinating the overall function of the program other than in relation to the operation of the Family Development Planners and the Life Support/Social Services Coordinator and their respective staff.

As the Family Development Planners and Early Childhood, Family Life Education/School Linkage, and Life Support/Social Service Coordinators all deal personally with the families, the organizational structure shows no overall coordinating system to control who, how many, or when someone goes into a home or makes contact with a family. The CFRP Systems Coordinator does not have the organizational authority to coordinate the efforts of the Early Childhood and Family Life Education/School Linkage Coordinators. Since they report to the CFRP Program Coordinator, this function has to be handled through the CFRP Program Coordinator and the CFRP Systems Coordinator.

The CFRP staff seem aware of where they fit in the organization as well as to whom they report. For the majority of them, the organization chart is a reality and has precise meaning. They do not, however, appear completely aware of or fully understand the concept of staff cooperation previously discussed. Moreover, there are indications of a lack of communication among the staff and a lack of understanding as to an organizational system of procedures for getting things done in an organized and structured fashion.

That is, regardless of the extent of cooperation among staff, there appears to be a definite lack of understanding of how the various units function and relate to one another procedurally and systematically.

In the staffing of the CFRP, there are 22 people budgeted to the program as of April 1975. These staff members and the percentage of their time allocated to CFRP is shown as follows:

1. Director of Community Services	25%
2. Director of Program Planning, Development, and Evaluation	25%
3. CFRP Program Coordinator	100%
4. Health and Nutrition Coordinator	50%
5. Director of Educational Programs	25%
6. Life Support/Social Services Coordinator	100%
7. Family Life Education/School Linkage Coordinator	100%
8. Early Childhood Coordinator	100%
9. CFRP System Coordinator	100%
10. Health Technician	25%
11. Family Development Planner #1	75%
12. Family Development Planner #2	75%
13. Family Visitor #1	50%
14. Family Visitor #2	50%
15. Outreach Worker #1	50%
16. Outreach Worker #2	50%
17. Bus Driver/Advocate	100%
18. Family Aide	50%
19. Assistant Director, Personnel and Administration	25%
20. CFRP Records Clerk	100%
21. Executive Secretary	30%
22. Receptionist	100%

As noted in this staffing pattern for the CFRP, with the exception of the administrative personnel such as the Bus Driver, the Receptionist and Records Clerk, the only program staff that are budgeted and spend 100% of their time in the CFRP are the Family Life Education/School Linkage Coordinator, the Early Childhood Coordinator, the CFRP Systems Coordinator, and the CFRP Program Coordinator. The other 15 staff members are budgeted and spend from 25 to 75 percent of their time in CFRP. The majority are listed as spending 50% or less of their time in CFRP activities. This type of arrangement indicates that the majority of staff have divided responsibilities and are therefore responsible to two supervisors in the Department of Community Services. As further indication of how CFRP staff members allocate their time, the following table shows the percent of time the CFRP reported its staff spent in each program category. These data were derived from the CFRP Information System and report figures for the period of January 16 through April 15, 1975, a three month period. (Complete definitions of activities are included in each of the program categories may be found in Section VIII of the case study.)

STAFF UTILIZATION PER CATEGORY

Program Functional Categories (See Section VIII for definitions)	Percent of Time Total Staff Spent in Category
1.1 General Health, Medical and Dental	20.1%
1.2 Mental Health	2.7%
1.3 Nutrition	1.3%
1.4 Handicapped	1.0%
2.0 Education	7.2%
3.0 Social Services	14.0%
4.0 Parent Involvement	10.0%
5.0 Staff Training	28.7%
6.0 Administration	15.0%

Other than the situation of working cooperatively, there is no evidence or indication as to how responsibilities and divided functions are coordinated and systematized, or for instance, who determines the priorities of the staff time in working with the CFRP, in other areas, and when and at whose direction and how all of this is coordinated. It was stated previously that regular meetings were held between the Director of Community Services, the Creative Environmental Workshop Coordinator, the Health and Nutrition Coordinator, the Head Start Educational Director, the CFRP Program Coordinator, the CFRP Systems Coordinator, the Assistant Director of Personnel and Administration and the Transportation, and Facilities Coordinator. However, no systems or coordinating procedures are available to effectively merge all of these programs.

It should be noted in the budgeted listing of CFRP staff, under the merger into the Department of Community Services, the Bus Driver/Advocate, the Director of Educational Programs, the Director of Program Planning and Development/Planning and Evaluation, the Health and Nutrition Coordinator, the Health Technician and the Executive Secretary do not come under the organizational structure of the CFRP. Thus, the CFRP, or the CFRP Program Coordinator, does not have control or authority over these personnel or the functions they carry out in the Department of Community Services according to the organizational structure. This kind of situation can cause overlapping of functions due to not being clear on what the job scope is or can cause no action to be taken because someone did not know their scope of authority.

The Outreach Workers are now called Neighborhood Workers and the Family Aides are called Family Visitors. The job description for these two positions are basically the same. However, in function they differ in that the Family Visitor visits families that have children in the Head Start or Infant/Toddler programs while the Neighborhood Worker visits families with older children in the home based program. As far as the responsibilities for these two positions, the Early Childhood Coordinator runs the Infant/Toddler Program and the Home Based program. The Family Visitors however, are supervised by the Family Development Planners and the Neighborhood Workers are supervised by the Life Support/Social Services Coordinator. Thus, the Early Childhood Coordinator, organizationally has no supervisory responsibility over the programs that she is running and others are carrying out.

In summary CFRP is one of a number of service divisions, along with Head Start and other ancillary services, which comprise the Department of Community Services. This means that CFRP is not a separate administrative/service delivery entity. It is a functional division in a department that is designed along functional lines to provide prescribed services. These services are available to all programs reporting to the Director of this Department who has the responsibility for coordinating this delivery. This integration/coordination system works for the Jackson CFRP. It is based on staff willingness to cooperate with each other, resourcefulness in solving service delivery problems, and a real concern for the program participants.

IV. TRAINING

A. Program Planning and Startup

The planning staff assigned high priorities to both pre-service and in-service staff training. This was due to many factors.

- experiences of the staff in previous programs has clearly indicated the importance of staff training;
- senior staff have training backgrounds (in addition to other relevant skills) and naturally tend to emphasize training;
- perceptions of CFRP as an evolutionary process indicated that constant staff training would be necessary to allow staff to keep pace with the program; and
- recognition that OCD considers staff training important.

The Planning Phase dealt with staff training by identifying the training needs/requirements for the CFRP. The planning was simplified in this area because the Jackson/Hilledale CAA received a State training grant prior to their work on CFRP and the planning results from the effort were available and applicable to the CFRP. This formed the basis for the CFRP staff training. The major area of identified training needs included:

- intra-personal relationships across all levels of staff and CAA community;
- staff relationships with children;
- supervisory skills and responsibilities; and
- technical skills in the area of classroom education, parent training, health, nutrition, social services, career development, and volunteer activities.

The Jackson Hilledale staff did not plunge into staff training immediately. They waited until after the Salem, Oregon CFRP conference in July, 1973. They felt that they would be better able to focus their training abilities and capabilities after they had a clearer picture of the national Demonstration CFRP intent. Preparation for staff training, therefore, did not occur until August and it coincided with staff recruitment. The CFRP Director was the major influence and provided the primary technical inputs in developing the training plan. Training was designed to be implemented during a three week period. However, due to administrative problems the time was extended to five weeks.

The influence of their CAA-wide approach to a service delivery system, particularly in the area of early childhood development and related programs, is evident in the pre-service training. The first week of the three week pre-service training program was identical for both Head Start and CFRP staff and they participated together. The training focus during this week was on developing interpersonal skills to work with fellow staff and families; agency orientation; definition of job roles; technical training in the area of early childhood development; field activities in getting acquainted and working with families; and developing understanding of the CFRP programs and goals.

The major concerns of the second week were to provide training in the area of working with families and making home visits. In addition to these technical skills the Project Director worked with the staff to continue to develop better understanding of CFRP and their individual role within the program.

The third week concentrated on task oriented training. Training was devoted to discussing the needs assessment forms; considering various alternatives for the CFRP referral system; and making professional and personal contact with community agency representatives relevant to each staff member's area of responsibility; and working to renovate the office and office furniture.

As previously mentioned, the training was extended to five weeks and this additional time was allocated to continue development of community agency contacts and Center renovation work.

Training techniques varied according to subject matter. The Jackson/Hillsdale CAA program is adequately supplied with training equipment as video-taping and other audio-visual techniques (motion picture, slides, etc.) were naturally included. Small group sensitivity exercises, workshops, role playing and problem solving activities were routinely, but professionally, utilized in addition to straight information presentation formats (lecture and printed materials).

Although a number of staff assigned/hired for this program had previous Head Start and related experiences and some were familiar with the Jackson-Hillsdale approach, they were included in the preservice training without exception. The attitude of the Project Director and other trainers was that the experienced staff could always acquire new skills and experiences and would be good resources in their professional areas during the training for less experienced staff.

The staff felt that the training they received was most valuable in preparing them for their CFRP duties. Some of this is greater in retrospect since many recalled the frustrations of dealing with apparent ambiguous training situations where what they really wanted was to "start working with families." Part of the pre-service training plan was that no family would be enrolled in the program until the staff was sufficiently trained to provide the required services and this proceeded according to plan.

One training experience stands out in the minds of all staff in the part it played in developing a cohesive staff with mutual respect and understanding for each other regardless of position or function. Orientation, training and administrative staff participated together. The reassignment of the trainer and office facilities necessitated group action and decision making in matters as the interior decoration, assigning of tasks, allocation and use of office space, and actual working together to implement these decisions.

In summary, the professional and service planning and implementation of the pre-service training appears to have contributed substantially to the later success of the Jackson/Hinds CETP.

E. Program Implementation

After almost 18 months of program experience, it appeared that the CETP training program has not lived up to initial expectations. Training has failed to get done according to any fixed schedule. The reasons for this lack of organized training appears to be the limited funds available for training in the 1974-75 funding year. The first year training programs had been held in conjunction with several universities and schools in Michigan as well as the Career Development program have had to be curtailed due to this lack of funds.

Most of the training that is done is provided through the Head Start program. There is some CETP staff confusion concerning the frequency of this training. Some of the staff attend the Head Start program training sessions once a month, while others stated that training sessions were held once a Thursday. The confusion seemed to revolve around the disagreement whether there should be training sessions on staff meetings. In any case there was general agreement that Head Start training is not specifically related to the CETP needs and not of any real value to every staff. For instance, a number of the CETP staff do not deal in the field of child education and are not interested in this training as informational point of view.

Training needs in the CETP are determined by the supervisors with input from the staff. However, there appears to be a problem of communication as evidenced from the staff indicate that training is insufficient. Staff also expressed a concern for more training in drug abuse, as well as in the field of social work and an overall need for more specific training related to the CETP. Also, a number of staff expressed the need for a counselor psychologist to provide assistance and expertise in working with the families in analyzing and assessing the families' situations. At the supervisory level at the Department of Community Services, it is felt that there are no real problems with training and, on the contrary, one of the major strengths of the program is training and that it has a high priority. This conclusion is apparent as to what is being done in the area of training and how it is being done. There also seems to be confusion as to what is training.

[redacted]

[illegible]

VI. COORDINATION

A. Program Planning and Startup

As in other areas of program activity Jackson/Hillsdale Head Start had been working closely with many agencies over the years prior to CFRP. The coordination requirements of CFRP did not pose any serious problems to the planners since they felt they had good relations and rapport with most of the community agencies that would be involved in the CFRP.

The planners saw in the CFRP approach an opportunity to build on the past associations with these agencies and to build a more formal and integrated liaison. This was the basis for their planning and they used the staff that had the most experience and creditability with these agencies to work on this. Because of this essentially personal approach it is difficult to go into detail on how each agency was informed and integrated in the CFRP. What is important, however, is the fact that Jackson/Hillsdale considered this a sufficient priority to develop many of these liaison/associations to such a degree that written agreements were developed for inclusion in the proposal. This strong planning effort was then followed up in the Startup period to acquire agreements with other agencies and work out the firm details of day-to-day working associations, relationships, and coordination.

The planners have indicated the critical importance they placed on agency coordination. Their concept of a service delivery system is predicated on the service delivery coming from the resource best equipped to provide it. The CAA staff had been working hard in the community to develop a strong liaison and mutual regard between CAA and other community agencies. According to all reports the good rapport between the staff and community agencies was not always close, warm, or mutually respectful. However, some staff changes in the CAA produced some leadership in this area and positive action was taken, initially unilaterally, to change this situation. As a result when the CFRP opportunity arose this community agency coordination improvement had produced positive results and CFRP offered a logical and programmatic extension to their efforts.

The planners were able to develop fairly clear CFRP-Agency working/coordination agreements because of their past relationships and their clear concept of what they wanted to do in the CFRP. Indicators of this program confidence and strong relationships with community agencies can be seen by the following items showing the type and degree of coordination agreed to or proposed in the planning process.

1. Michigan Department of Social Services

   - met with local officials to explain CFRP concept and agreed in principle on how all resources would be available to CFRP.

- agreed on CFRP role in medicaid-supplementary in case finding, scheduling and keeping of screening appointments, and follow-up aid in treatment and special diagnostic services.

2. Jackson Public Schools

   - negotiated agreement to share the cost of a CFRP staff person. Approximately $20,000 in educational services to CFRP families was included in agreement.

3. City of Jackson

   - negotiated agreement to computerize data for CFRP. City would absorb 25% of cost.

4. Jackson Foundation (local philanthrophic organization)

   - developed a $5,000 grant to share the cost of a staff person. This agreement was finalized during Startup.

5. Operation Mainstream

   - negotiated agreement to share the cost of one staff person.

6. Medical Center

   - negotiated agreement on provision of services (out patient basis) to eligible CFRP families.

7. Mental Health Clinic

   - initial development of cooperative program dealing with child and family mental and emotional problems.

8. County Extension Service

   - agreement with Nutrition Program to provide full range fixed services to families.

9. County Health Department

   - agreement on full range of services available to eligible CFRP families.

10. Hughes Education Institution

    - Working relationships with faculty and administration of Michigan State University, University of Michigan, and Wayne State to provide volunteer consultation time.

11. Other agencies that the constraints of the planning precluded final arrangements numbered more than 15.

One indicator of the strong relationship between the community agencies and CFRP was the number of agreements for the provision of funds to support various aspects of the program. Local community agencies are not notorious for sharing their program dollars with other agencies unless they feel that such activity is a good investment. This is precisely how they view it - as an investment - and as with any investor they want strict accountability. This factor usually goes a long way to ensure good coordination. It also indicates the effort expended by CFRP planners in developing such coordination and the success they had in explaining the concept and securing agency support.

Startup activities were conducted to continue and finalize the coordinating efforts and agreements initiated during planning and to develop actual working procedures necessary to implement the agreements. During planning several agencies that had indicated agreement and support for CFRP were reluctant to make any final commitment until a grant was received. Once the grant was received it was decided that a strong PR campaign was necessary to follow-up their original planning contacts, conclude pending agreements, and develop new agency resources. This campaign was delayed until after the Salem conference in late July because information would possibly be available there that would assist in this effort. Their PR campaign was implemented in August and it contained news releases, the development of a visual presentation of CFRP, the relations with each agency, and CFRP staff attendance at community agency meetings to explain the program.

As CFRP staff were acquired they started to develop CFRP community agency procedures. Encouraged by the agreements and strong support from senior agency staff they called meetings with appropriate agency personnel without consulting with them regarding the time or agenda to develop coordination procedures and other liaison activities - there was little response. Fortunately, the plan for program implementation provided sufficient time to work out these problems prior to recruiting families. The staff then responded by arranging individual face-to-face meetings with agency personnel and working out their own procedures. The CFRP staff learned early that the actual contact and how it would be carried out was their responsibility.

This agency contact was part of staff training. As the time staff training was planned the full importance of these contacts was not realized. But due to the above described circumstances this part of staff training automatically

provided a method for the staff to become familiar with community agencies and to develop the necessary personal contact and associations essential for good coordination.

The Jackson/Hillsdale planning approach to agency coordination was the direct result of their past efforts. They did not view the CFRP guidelines in this area to mandate a new course for their program efforts, rather they saw it as an opportunity to legitimize, with a formal program, much of what they had been working towards in regard to agency coordination. The willingness to take program control and administrative risks in developing mutually supported staff position showed their commitment to agency coordination.

B. Program Implementation

In the CFRP effort in Jackson, contacts have been established with a number of resource agencies who have provided services to families in the CFRP. By program categories, the various state, local, private and other agencies that have been utilized as of Spring 1975 are as follows: (It should be noted that of the resources listed, some of the services provided cover several of the program categories due to their multi-disciplined character).

1. General Health, Medical, and Dental

- Health Department, Jackson County

  Services: Conducts full-time public health and preventive medicine program.

  1. Environmental Health Division.
  2. Nursing Division.

  Eligibility: Financial limitations.

- Home Health Services, Health Department

  Services: Nursing care of the sick and disabled in their homes under physician's orders.

  Patients referred for services must be under care of physician. If patients are not eligible for Medicare or Medicaid coverage, there is a charge based on ability to pay.

- Jackson Osteopathic Hospital

  Services: 75 bed acute general care hospital.

  Eligibility: Need for short-term hospital care.

- Medical Care Facility, Jackson County

  Services: Skilled nursing staff.

  Eligibility: Post-hospital patients needing skilled (not acute) care. All ages and income levels.

2. Mental Health

- Beth Moser Mental Health Clinic

  Services: Diagnostic and preventative treatment to individuals and families for emotional and personality problems.

  Eligibility: Resident of Jackson County.

- Family Service & Children's Aid

  Services:

  - Family Counseling - to assist families and individuals to find constructive ways of dealing with the complexities of personal and family living. Individual, family or marriage counseling may be effected through individual, family, or group sessions. The agency has a Psychiatrist as Medical Director and is approved as a Psychiatric Out-Patient Clinic.

  - Children's Services - include adoption and foster family care. Problem Pregnancies - Casework counseling services to those women who are pregnant and the pregnancy presents personal problems. Included in counseling services would be assisting in obtaining medical services, living arrangements, helping plan for the child if the decision is to keep or release for adoption. For those who want a medical termination of the pregnancy but are not sure, the agency offers the opportunity to discuss the alternatives as well as clarifying personal feelings so that the decision reached will be to the best interests of everyone involved. The agency is a Travelers Aid Correspondent and answers inquiries from other communities when Jackson residents are stranded there.

3. Nutrition

- Cooperative Extension Program, Jackson County

  Services: Programs are:

  - Educational programs for women: Subjects relative to family living, such as child development, money management, etc.
  - Expanded Nutrition Program (See Expanded Nutrition).
  - 4-H Youth Program (See 4-H Program).
  - Horticulture, agriculture, and marketing, etc.

  Eligibility: No limitations.

- Expanded Nutrition and Family Program,

  Cooperative Extension Service, Jackson County

  Services: Nutrition education. Nutrition aides teach individuals or small groups comparison shopping and exercise programs.

  Usual length of program six months to a year.

  Eligibility: All with pertinent need.

4. Handicapped

- Crippled Children's Society, Jackson County

  Services: Serves crippled children and adults. Operates orthopedic clinics with local doctor through Fonte Hospital; provides transportation to clinics outside local areas; maintains local closet of orthopedic equipment.

  Eligibility: Orthopedically handicapped regardless of race, creed, or cause of crippling.

- Jackson Speech and Hearing Clinic

  Services: Information concerning hearing and speech problems. Hearing testing, speech therapy, industrial hearing conservation. Hearing aids and financial assistance for purchase of aids.

  Eligibility: Both children and adults. Fees are based on actual cost of service. However, no one is refused service for inability to pay.

- Tawasi, Life & Training Center

  Services: Center for the [illegible] mentally handicapped child.

  Eligibility: Primary to 21, residents of Jackson County, mentally handicapped but trainable.

- Education

- CEEP Infant/Toddler Program: provides educational stimulation and parent guidance to caring for babies from 0-2 for CEEP families.

- CEEP School Linkage Program: provides follow up for children entering elementary school for CEEP families.

- Head Start - Community Action Agency

  Services: The Head Start program focuses on providing a good pre-school education for children from disadvantaged low-income families so that they can enter the public school system with experiences equivalent to those of the more advantaged child, providing provisions housing and experiences and medical and dental services, involving community resources and parents, offered in the format of [illegible] based programs; giving reinforcement to the family so that a child has meaningful experiences and parents can become involved in the program; and providing a viable career ladder by which staff can advance into other related programs in the community.

  Eligibility: Children between ages 3 1/2 and 5 whose parents qualify according to low-income federal guidelines.

- Day Care

  Services: Day care for children age 2 1/2 through 14, of working parents, offering planned environment and educational experiences on the basis, summer and after school. Emphasizes freedom for exploration and personal growth of the individual child. Activities include science, art, language experiences, field trips, and creative play. Daily transportation for children provided as part of program.

  Eligibility: Any child in age range 2 1/2 to 14. Low income families may qualify for reimbursement through the Department of Social Services.

- Job Corps - Michigan Employment Security Commission

  Services: Concentrated agressive training program to train unemployed, disadvantaged young men and women in vocational and academic skills.

[illegible] Employment Agencies in

[illegible] [illegible] [illegible] [

[illegible]

- [illegible]

  [illegible]

  [illegible]

  [illegible]

- [illegible]

  [illegible]

  [illegible]

  - [illegible]
  - [illegible]
  - [illegible]
  - [illegible]
  - [illegible]
  - [illegible]

- [illegible]

  [illegible]

  [illegible]

- [illegible]

  [illegible]

- [illegible]

  [illegible]

  [illegible]

[illegible]

- [illegible]

  [illegible]

  [illegible] [illegible] [illegible]

VIII. PROGRAM COSTS

Consideration of several program factors contribute to a better understanding of total program effort and purpose. Other sections of this case study deal with the more process oriented features of the program. This section, on the other hand, focuses on program costs.

Part of the national CFRP information reporting system included a comprehensive cost data collection effort. The period covered by the data presented in this section is October 16, 1974 through January 15, 1975; a three month period section during the second funding year. The special summary graphs and cost data tables presented here were developed in a manner to indicate how and to what extent the program categories were supported. This cost data, collected for the period mentioned above, is represented by the following categories:

- total value of all program services provided during the study period;
- total value of General Health services provided during the study period;
- total value of Mental Health services provided during the study period;
- total value of Nutritional services provided during the study period;
- total value of Handicapped services provided during the study period;
- total value of Educational services provided during the study period;
- total value of Social Services provided during the study period;
- total value of Parent Involvement during the study period;
- total value of Staff Training during the study period; and
- total value of Program Administration during the study period.

By reviewing each summary graph, the objectives addressed by each programmatic category, and each cost data table, it can be determined what resource was utilized by the program, the total dollar value of services provided by each resource, and the purpose for which the resource was utilized. Complete cost data for each of the above ten (10) categories are presented individually on the following pages. Each category is presented in three parts which include:

- a graph which summarizes cost data within each category;
- a list of program objectives relevant to each of the nine (9) programmatic categories; and
- a cost data table which includes a comprehensive breakdown of cost data within each category shown in each graph.

1. Summary Graphs

The graphs section summarize cost data relevant to each category. In addition to indicating the dollar value of services provided by the program during the study period each graphs indicates the percent of the total categorical value each figure represents.

The first graph indicates the total value of all services provided by the CFRP during the study period. It also indicates the dollar value and the percent of the total value for each programmatic category.

All other graphs in this section summarize (by resource utilized) the dollar value of services provided by the program during the study period for each of nine (9) programmatic categories.

2. List of Program Objectives

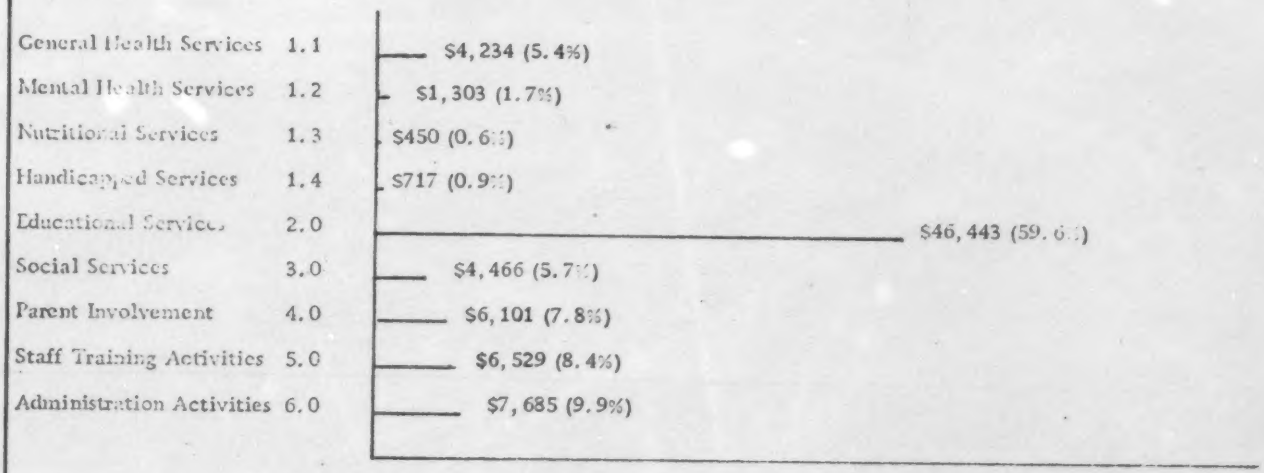
Each of the graphs which summarize the dollar value of services provided within a programmatic category is followed by a list of program objectives addressed by the category represented.

3. Cost Data Tables

Cost data tables are also provided for each graph presented in this section. Each cost data table indicates the type of resource utilized by the program to provide services within the category and the dollar, value of services provided by this resource. In addition, the table indicates by line item, how the dollar value from each resource was utilized.

JACKSON

TOTAL VALUE OF PROGRAM SERVICES BY CATEGORY



Total Program Value for All Categories: $77,928

TOTAL COST DATA FOR Jackson-Hillsdale Program

OMB No. 051-S-74013
Approval Expires: 30 June 1975

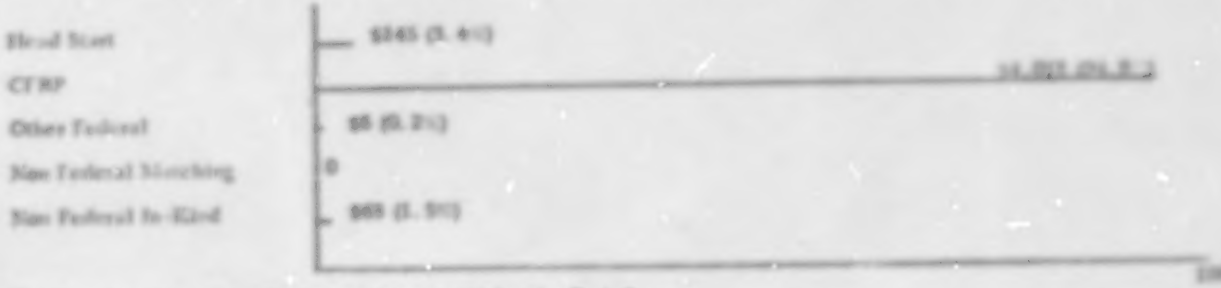
Program Cost Report

Report Period: From 10 / 16 / 74 to 1 / 15 / 75

Item	Head Start		Child		Other Fed.		Non-Fed. Matching		Subtotals (In-Kind)		Totals	
Fixed or Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Personnel												
Salaries and Wages			26,670								26,670	
Fringe Benefits												
Consultants (salaried)	43,956										43,956	
Volunteers									291		291	
2. Facilities												
Space			450								450	
Equipment			112						1		113	
Furniture			83						27		110	
			28								28	
3. Staff Training												
			50								50	
4. Materials (Nonexpendable)												
5. Consumable supplies										20		20
Food			1,552						541		2,093	
Other (specify)												
Consumable familiar										75		114
Emergency utilities				39								
Parent Involvement										200		200
Office & Misc. Supplies										14	28	14
6. Contract Services (Specify)			28									
H.S. & Day Care			1,153							180	1,153	180
ADC recipients & bkkpg.										49	145	57
Mental Health, *	145					8				1,549		1,599
XXXXXXXXX											515	72
7. Travel			515	72								
TOTALS	44,101		30,641	111		8			860	2,207	77,928	
Grand Total (Federal + Nonfederal)	44,101		30,752		8				3,067			

*Adult Ed & Chore person; Med. Eval., glasses, & Red Cross Trans.

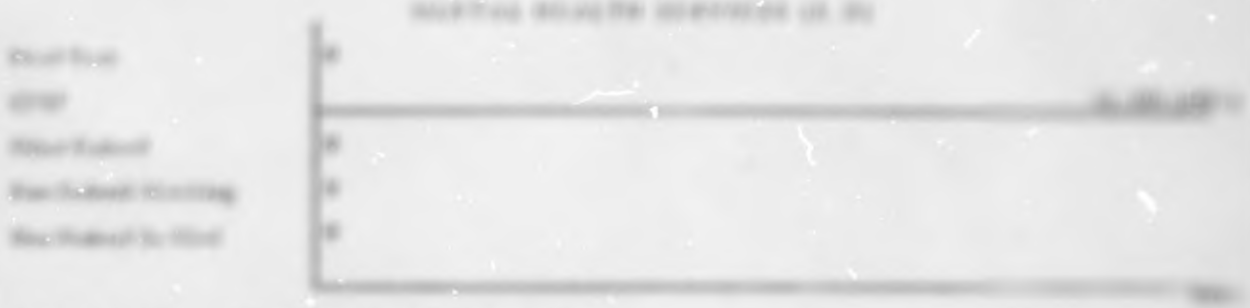
VALUE OF
GENERAL HEALTH SERVICES (I.5)



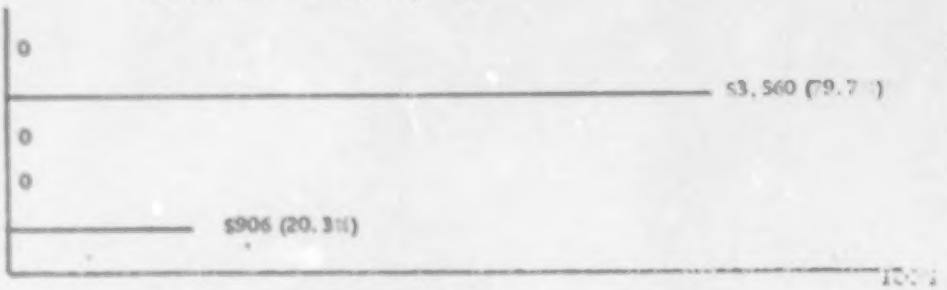
Total: $4,234 5.4% of Total Program Value for Period

The total dollar value (from all available resources) of General Health Services provided by the Jackson program is presented in the graph above and reflects program services which address the following objectives:

- provide a comprehensive health services program which includes a broad range of medical/dental services to preschool children, to assist the child's physical, emotional, cognitive, and social development toward the overall goal of social competence;
- promote preventive health services and early intervention;
- provide the child's family with the necessary skills and insight and otherwise attempt to link the family in an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the program.



VALUE OF
SOCIAL SERVICES (3.0)



Totals: $4,466 5.7% of Total Program Value for Period

Figures depicted in the graph above indicate the total dollar value (from all available resources) of program services by Jackson CFRP during the study period which addressed the following objectives:

- establish and maintain an outreach and recruitment process which systematically insures enrollment of eligible children;
- provide enrollment of eligible children regardless of race, sex, creed, color, national origin, or handicapping condition;
- assist the family in its own efforts to improve the condition and quality of family life; and
- make parents aware of community services and resources and facilitate their use.

Jackson

CATEGORICAL COST DATA FOR Social Services - 3.0
Category

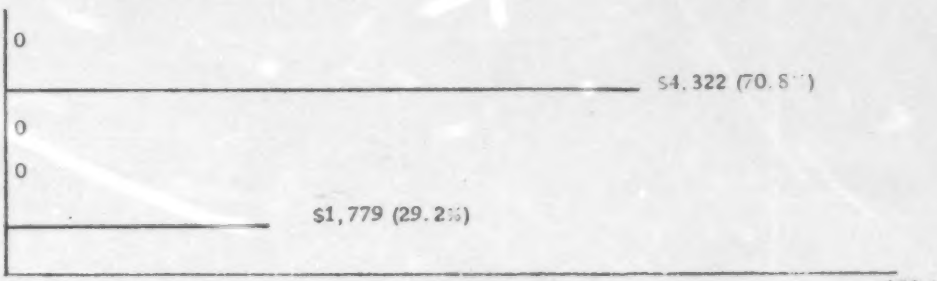
OMB No. 085-R-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item / Source / Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CFRP Fixed Amount	CFRP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching* Fixed Amount	Non-Fed. Matching* Variable Amount	Non-Fed. In-Kind Fixed Amount	Non-Fed. In-Kind Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel			3,462								3,462	
Salaries and Wages												
Fringe Benefits												
Consultants												
Volunteers												
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies										90		90
Food									150		150	
Other (specify) furniture									355		355	
Clothing									36		36	
toys										75		75
emergency utilities										200		200
6. ~~Contract Services (Specify)~~ chore person												
Medicaid Payments											98	
7. Travel			98									
TOTALS			3,560						541	365		
Grand total amounts from each source:			3,560						906		4,466	

70

VALUE OF
PARENT INVOLVEMENT ACTIVITIES (4.0)



Total: $6,101 7.8% of Total Program Value for Period

The graph above indicates the total dollar value (from all available resources) of Parent Involvement Activities by the Jackson program during the study period. Parent Involvement activities are described for the purpose of this study to be those activities which addressed the following program objectives:

- provide a planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's education and development;
- provide a program that recognized the parent as:

  (1) responsible guardians of their children's well-being;
  (2) prime educators of their children;
  (3) contributors to the program and to their communities;

- provide the following kinds of opportunities for parent participation:

  (1) direct involvement in decision making in program planning and operations;
  (2) participation in classroom and other program activities as paid employees, volunteers, or observers;
  (3) activities for parents which they have helped to develop;
  (4) working with their own children in cooperation with the staff;

- achieve parent participation in the center and home program and related activities;
- involve parents in educational activities of the program to enhance their role as the principal influence on the child's education and development;
- assist parents to increase knowledge, understanding, skills, and experience in child growth and development.

Jackson

CATEGORICAL COST DATA FOR Parent Involvement - 4.0
Category

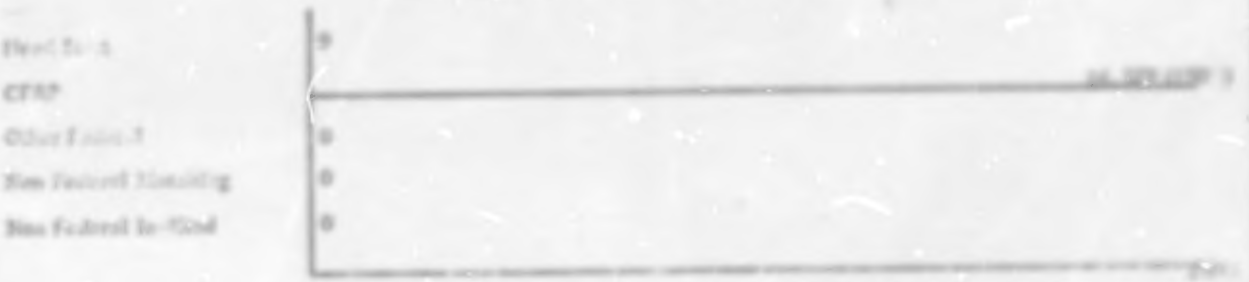
OMB No. 185-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item	Title I		CETA		Other Fed. *		State Ed. Agency		State Ed. Agency		Totals	
	Level of Variance		Level of Variance		Level of Variance		Level of Variance		Level of Variance		Level of Variance	
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Personnel			4,186								4,186	
Salaries and Wages												
Fringe Benefits												
Consultants												
Volunteers												
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)			25								25	
5. Consumable supplies												
Food												
Other (specify) Supplies				39								39
6. Contract Services (Specify)												
Mental Health family couns.									180			180
Adult ed. & counseling									1,599			1,599
Medicaid Payments												
7. Travel				72								72
TOTALS			4,211	111					1,779		6,101	
			4,322									

72

VALUE OF STAFF TRAINING ACTIVITIES ($ K)



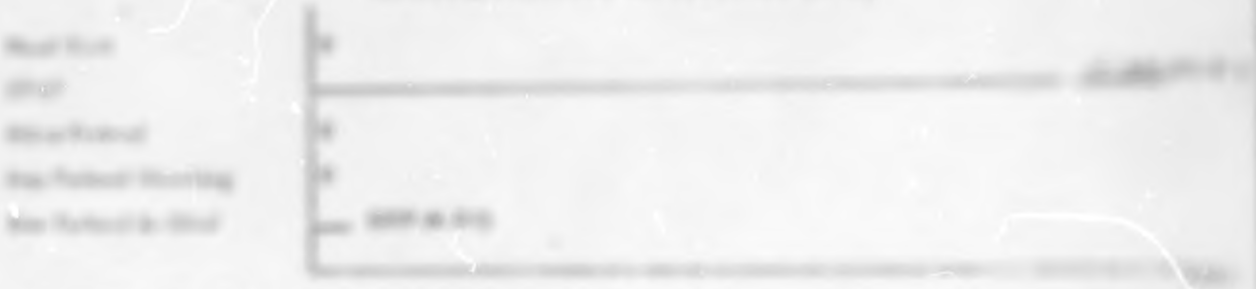
Total: $4,389 [illegible] of Total Program Value for Period

The graph above indicates the total dollar value (from all available measures) of staff training activities the Jackson project conducted during the study period. For the purpose of this study, staff training activities include formal and informal staff meetings, including orientation demonstrations, work conferences, laboratory, off-site, and field trip sessions; training in the use of media; cooperative enterprises with nearby projects; and regional and staff institutes.

Jackson

Estimated Cost Report

Item												
1. Material												
Balance and Hinges												
Hinge Sockets												
Door Jamb												
Valley Walls												
2. Machine												
Saw												
Sprayer												
Planers												
3. Built Trailing												
4. Operator Assembly												
5. Electrical Installation												
Panel												
Wire Installation												
6. Shipment Expenses (Specify)												
Additional Payments												
7. Travel												
Total												



-
-
-
-